STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)  (XI) PROVIDER/SUPPLIER/IDENTIFICATION NUMBER  391314  NAME OF PROVIDER OR SUPPLIER: TITUSVILLE AREA HOSPITAL  STATE LICENSE NUMBER: 200901		:			(X3) DATE SURVEY COMPLETED: 07/24/2023		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE  (X5) COMPLETE DATE		COMPLETE	
P 0000	This report is the result of a complaint investigation (CHL21C739A) completed via document review on July 24, 2023. Based on the documentation provided by The Titusville Area Hospital, it was determined the facility was in compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Hospitals, 28 F. Code, Part IV, Subparts A and B, November 1987, as amended June 1998.			P 0000			
LABORATORY	DIRECTOR'S OR PROVIDER/SUPPLI	ER REPRESENTATIVE'S SIGN		TITLE:	(X6) DATE:		

State Form L7FK11 IF CONTINUATION SHEET Page 1 of 1



## **Certified End Page**

## TITUSVILLE AREA HOSPITAL

STATE LICENSE NUMBER: 200901 SURVEY EXIT DATE: 07/24/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

Jeanne Jaim

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

## PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY